

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>TONY B. BASKINS</u>		COURT CASE NUMBER <u>05-CV-10858-GAO</u>
DEFENDANT <u>DR. CARL SINGLETARY, ET AL.</u>		TYPE OF PROCESS <u>CIVIL</u>
<b>SERVE</b> ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>STANLEY GALAS, NURSE PRACTITIONER</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1001- CEDAR JUNCTION, 2405 MAIN ST., RTE 1A, SO. WALPOLE, MA. 02071</u>	
<b>AT</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<u>TONY B. BASKINS</u> <u>1001- CEDAR JUNCTION</u> <u>2405 MAIN ST., RTE 1A</u> <u>SO. WALPOLE, MA. 02071</u>		Number of process to be served with this Form - 285 <u>1</u> Number of parties to be served in this case <u>2</u> Check for service on U.S.A. <u>NO</u>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

HE WORKS NORMAL BUSINESS HOURS AT THE PRISON. I DON'T KNOW THE DAYS HE WORKS.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Tony Baskins

N/A

9/8/05

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>38</u>	District to Serve No. <u>38</u>	Signature of Authorized USMS Deputy or Clerk <u>Nancy Salameh</u>	Date <u>9/16/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KEVIN CLAGGERTY - HHS ADMIN.

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service  
10/5/05  
Time  
957 am

Signature of U.S. Marshal or Deputy

Service Fee <u>90.00</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>90.00</u>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

10/3/05

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

TONY B. GASKINS,  
Plaintiff

SUMMONS IN A CIVIL CASE

V.

STANLEY GALAS, NURSE  
PRACTITIONER, ET AL.,

CASE

C.A. 05-10858-GAO

Defendants

TO: (Name and address of Defendant)

STANLEY GALAS,  
NURSE PRACTITIONER, MC1- CEDAR JUNCTION, 2405 MAIN ST.,  
RTE 1A, SOUTH WALPOLE, MA, 02071-100

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

TONY B. GASKINS, PRO SE  
MC1- CEDAR JUNCTION  
2405 MAIN ST., RTE 1A  
SO. WALPOLE, MA. 02071-100

\* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20\* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



SARAH ALLISON THORNTON

CLERK

9/1/05

DATE

(By) DEPUTY CLERK